

APPENDIX 1
VISION CARE SERVICES
PROCEDURE CODES AND COPAYMENT TABLE
(For Dates of Service On or After January 1, 1994)

Additional explanations of these codes and modifiers are contained in the CPT Procedure Code Book, which is available from the American Medical Association.

NOTE: Ophthalmologists may be reimbursed by the WMAV for all procedures with a single asterisk (*) indicated in this Appendix. Optometrists may be reimbursed for all procedures listed with a double asterisk (**) indicated. Only TPA-certified optometrists may be reimbursed for procedures requiring TPA certification. Opticians may be reimbursed only for procedures listed with a triple asterisk (***) pertaining to the dispensing and repair of eyeglasses.

Code	Description	Limitations	Copayment ¹
OFFICE OR OTHER OUTPATIENT SERVICES			
New Patient			
99201 TOS 1* TOS J**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making	Once per recipient, per provider, per lifetime.	\$1.00
99202 TOS 1* TOS J**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making	Once per recipient, per provider, per lifetime.	\$1.00
99203 TOS 1* TOS J**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity	Once per recipient, per provider, per lifetime.	\$1.00
99204 TOS 1* TOS J**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity	Once per recipient, per provider, per lifetime.	\$2.00

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Code	Description	Limitations	Copayment ¹
99205 TOS 1* TOS J**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity	Once per recipient, per provider, per lifetime. Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	\$2.00
W8004 TOS J** *	Office visit, new patient; low vision	Once per recipient, per provider, per lifetime; prior authorization required.	\$1.00
Established Patient			
99211 TOS 1* TOS J**	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician		\$1.00
99212 TOS 1* TOS J**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making		\$1.00
99213 TOS 1* TOS J**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity		\$1.00
99214 TOS 1* TOS J**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity		\$1.00

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Code	Description	Limitations	Copayment ¹
99215 TOS I* TOS J**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity	Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	\$2.00
W8009 TOS J* TOS J**	Office visit, established patient; low vision	Prior authorization required.	\$1.00
CONSULTATIONS			
99241 TOS J**	Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.	Referring physician information required on claim form.	\$3.00
99242 TOS J**	Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.	Referring physician information required on claim form.	\$3.00
99243 TOS J**	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.	Referring physician information required on claim form.	\$3.00
99244 TOS J**	Office consultation for a new of established patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.	Referring physician information required on claim form.	\$3.00

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Code	Description	Limitations	Copayment ¹
99245 TOS 3* TOS J**	Office consultation for a new or established patient, which requires these three key components; a comprehensive history; a comprehensive examination; and medical decision making of high complexity.	Referring physician information required on claim form. Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	\$3.00
99251 TOS J**	Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.	Referring physician information required on claim form.	\$3.00
99252 TOS J**	Initial inpatient consultation for a new or established patient, which requires these three components: a problem focused history; a problem focused examination; and straightforward medical decision making.	Referring physician information required on claim form.	\$3.00
99253 TOS J**	Initial inpatient consultation for a new or established patient, which requires these three components: a detailed history; a detailed examination; and medical decision making of low capacity.	Referring physician information required on claim form.	\$3.00
99254 TOS J**	Initial inpatient consultation for a new or established patient, which requires three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.	Referring physician information required on claim form.	\$3.00
99255 TOS 3* TOS J**	Initial inpatient consultation for a new or established patient, which requires these three components; a comprehensive history; a comprehensive examination; and medical decision making of high complexity.	Referring physician information required on claim form. Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	\$3.00

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Code	Description	Limitations	Copayment ¹
99263 TOS 3* TOS J**	Follow-up inpatient consultation for an established patient which requires at least two of these three key components; a detailed interval history, a detailed examination; medical decision making of high complexity.	Referring physician information required on claim form. Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	\$3.00
99275 TOS 3* TOS J**	Confirmatory consultation for a patient, which requires these three key components; a comprehensive history; a comprehensive examination; and medical decision making of high complexity.	Referring physician information required on claim form. Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	\$3.00
HOME SERVICES			
New Patient			
99341 TOS 1* TOS J**	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straightforward or of low complexity	Once per recipient, per provider, per lifetime.	\$1.00
99342 TOS 1* TOS J**	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity	Once per recipient, per provider, per lifetime.	\$1.00
99343 TOS 1* TOS J**	Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of high complexity	Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission. Once per recipient, per provider, per lifetime.	\$1.00

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Code	Description	Limitations	Copayment ¹
Established Patient			
99351 TOS 1* TOS J**	Home visit for the evaluation and management of an established patient, which requires at least two of these three components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity		\$1.00
99352 TOS 1* TOS J**	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of moderate complexity		\$1.00
99353 TOS 1* TOS J**	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; and medical decision making of high complexity	Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	\$1.00
HOSPITAL INPATIENT SERVICES			
Initial Hospital Care (New and Established Patient)			
99221 TOS 1* TOS J*	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history, a comprehensive examination; and medical decision making that is straightforward or of low complexity		\$3.00
99222 TOS 1* TOS J*	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history, a comprehensive examination; and medical decision making of moderate complexity		\$3.00

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Code	Description	Limitations	Copayment ¹
99223 TOS 1* TOS J*	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity	Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	\$3.00
Subsequent Hospital Care			
99231 TOS 1* TOS J**	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity		n/a
99232 TOS 1* TOS J**	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of moderate complexity		n/a
99233 TOS 1* TOS J**	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity	Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	n/a
NURSING FACILITY SERVICES			
Comprehensive Nursing Facility Assessments (New or Established Patient)			
99301 TOS 1* TOS J**	Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three components: a detailed interval history; a comprehensive evaluation; and medical decision making that is straightforward or of low complexity		n/a

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Code	Description	Limitations	Copayment ¹
99302 TOS 1* TOS J**	Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive evaluation; and medical decision making of moderate to high complexity		n/a
99303 TOS 1* TOS J**	Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission to the facility, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate to high complexity	Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	n/a
Subsequent Nursing Facility Care (New or Established Patient)			
99311 TOS 1* TOS J**	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity		n/a
99312 TOS 1* TOS J**	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three components: an expanded problem focused interval history; an expanded problem focused examination; and medical decision making of moderate complexity		n/a
99313 TOS 1* TOS J**	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; and medical decision making of moderate to high complexity	Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	n/a

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Code	Description	Limitations	Copayment ¹
DOMICILIARY, REST HOME (e.g., BOARDING HOME), OR CUSTODIAL CARE SERVICES			
New Patient			
99321 TOS 1* TOS J**	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straightforward or of low complexity	Once per recipient, per provider, per lifetime.	n/a
99322 TOS 1* TOS J**	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making that is straightforward or of low complexity	Once per recipient, per provider, per lifetime.	n/a
99323 TOS 1* TOS J**	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of high complexity	Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission. Once per recipient, per provider, per lifetime.	n/a
Established Patient			
99331 TOS 1* TOS J**	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; and medical decision making that is straightforward or of low complexity		n/a

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99332 TOS 1* TOS J*	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; a expanded problem focused examination; and medical decision making that is straightforward of moderate complexity		
99333 TOS 1* TOS J**	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; and medical decision making of high complexity	Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	n/a
EMERGENCY DEPARTMENT SERVICES			
New or Established Patient			
99281 TOS 1* TOS J*	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straightforward		\$1.00
99282 TOS 1* TOS J**	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straightforward		\$1.00
99283 TOS 1* TOS J**	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low to moderate complexity		\$1.00

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Code	Description	Limitations	Copayment ¹
99284 TOS 1* TOS J**	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity		\$1.00
99285 TOS 1* TOS J**	Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity	Optometrists must submit documentation justifying the level of service when submitting a claim for this procedure code. Refer to Section IV-G of this handbook for instructions on claims submission.	\$1.00
GENERAL OPHTHALMOLOGICAL SERVICES			
New Patient			
92002 TOS 1* TOS J**	Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	Once per recipient, per provider, per lifetime.	\$1.00
92004 TOS 1* TOS J**	Comprehensive, new patient, one or more visits	Once per recipient, per provider, per lifetime.	\$2.00 (TOS J) \$1.00 (TOS 1)
Established Patient			
92012 TOS 1* TOS J**	Ophthalmological services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient		\$1.00
92014 TOS 1* TOS J**	Comprehensive, established patient, one or more visits	Prior authorization required for more than one per recipient, per provider, per 12-month period.	\$1.00
SPECIAL OPHTHALMOLOGICAL SERVICES			
92020 TOS B* TOS J**	Gonioscopy with medical diagnostic evaluation (separate procedure)	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00

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Code	Description	Limitations	Copayment ¹
92060 TOS B* TOS J**	Sensorimotor examination with multiple measurements of ocular deviation and medical diagnostic evaluation (e.g., restrictive or paretic muscle with diplopia) (separate procedure)		n/a
92065 TOS B* TOS J**	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	Prior authorization required.	\$1.00
92065-52 TOS B* TOS J**	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation, reduced service	Prior authorization required.	\$1.00
VISUAL FIELDS			
92081 TOS B* TOS J**	Visual field examination, unilateral or bilateral, with medical diagnostic evaluation; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
92082 TOS B* TOS J**	Intermediate examination (e.g., at least two isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test; Octopus program 33)	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$.50
92083 TOS B* TOS J**	Extended examination (e.g., Goldmann visual fields with at least three isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$.50
TONOMETRY/TONOGRAPHY			
92100 TOS I* TOS J**	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with medical diagnostic evaluation, same day (e.g., diurnal curve or medical treatment of acute elevation of intraocular pressure)	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$.50

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92120 TOS 1* TOS J**	Tonography with medical diagnostic evaluation, recording indentation tonometer method or perilimbal suction method	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
92130 TOS 1* TOS J**	Tonography with water provocation	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
92140 TOS 1* TOS J**	Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
OPHTHALMOSCOPY			
92225 TOS 1* TOS J**	Ophthalmoscopy, extended as for retinal detachment (may include use of contact lens, drawing or sketch, and/or fundus biomicroscopy), with medical diagnostic evaluation; initial	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
92226 TOS 1* TOS J**	Ophthalmoscopy, extended as for retinal detachment (may include use of contact lens, drawing or sketch, and/or fundus biomicroscopy), with medical diagnostic evaluation; subsequent	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
92250 92250-26 TOS 1* TOS J**	Ophthalmoscopy, with medical diagnostic evaluation; with fundus photography	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
92260 92260-26 TOS 1* TOS J**	Ophthalmoscopy, with medical diagnostic evaluation; with ophthalmodynamometry	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
92265 TOS B* TOS J**	Oculoelectromyography, one or more extraocular muscles, one or both eyes, with medical diagnostic evaluation.	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00

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ELECTRO-DIAGNOSTIC			
92270 TOS B* TOS J**	Electro-oculography, with medical diagnostic evaluation	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	n/a
92280 92280-26 TOS B* TOS J**	Visually evoked potential (response) study, with medical diagnostic evaluation	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
OTHER SPECIALIZED SERVICES			
92283 92283-26 TOS B* TOS J**	Color vision examination, extended (e.g., anomaloscope or equivalent)	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$.50
92284 92284-26 TOS B* TOS J**	Dark adaptation examination, with medical diagnostic evaluation	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
92285 92285-26 TOS B* TOS J**	External ocular photography with medical diagnostic evaluation for documentation of medical progress (e.g., close-up photography, slit lamp photography, gonioscopy, stereo-photography)	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
92286 92286-26 TOS B* TOS J**	Special anterior segment photography with medical diagnostic evaluation; with specular endothelial microscopy and cell count	Not separately reimbursable in conjunction with comprehensive or low vision office visits.	\$1.00
W8000 TOS J* TOS J** TOS J***	Ptosis Crutch (fitting and supply)	Prior authorization is required. Priced at prior authorization.	\$1.00
W8001 TOS I* TOS J** TOS J***	Therapeutic "Bandage" Lens (fitting and supply)	Not separately reimbursable in conjunction with 99201-99215	\$1.00

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CONTACT LENS AND THERAPY			
92310 TOS J* TOS J**	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens <u>both</u> eyes, except for aphakia	Prior authorization required.	\$3.00
92310-52 TOS J* TOS J**	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens <u>one</u> eye, except for aphakia reduced service	Prior authorization required.	\$3.00
92310-76 TOS J* TOS J**	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens <u>both</u> eyes, except for aphakia, repeat procedure by same physician	Prior authorization required.	\$3.00
92311 TOS J* TOS J**	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye		\$3.00
92311-22 TOS J* TOS J**	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye, unusual service		\$3.00
92312 TOS J* TOS J**	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes		n/a
92312-22 TOS J* TOS J**	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes, unusual service		n/a
92312-52 TOS J* TOS J**	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes, reduced service		n/a

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92312-76 TOS J* TOS J**	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes, repeat procedure by same physician		n/a
92326 TOS J* TOS J** TOS J***	Replacement of contact lens.	Prior authorization required unless provided for aphakia or keratoconus.	\$3.00
92391 TOS J* TOS J** TOS J***	Supply of contact lenses, except prosthesis for aphakia (materials).	Prior authorization required unless provided for aphakia or keratoconus. Description required in the PA request indicating type of contact lenses being dispensed.	\$3.00
OCULAR PROSTHESIS			
92330 TOS J* TOS J**	Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation		n/a
92393 TOS J* TOS J** TOS J***	Supply of ocular prosthesis (artificial eye)		n/a
V2624 TOS J* TOS J** TOS J***	Polishing/resurfacing of ocular prosthesis		\$1.00
DISPENSING/REPAIR/MATERIALS			
92340 TOS J* TOS J** TOS J***	Fitting of spectacles, except for aphakia; monofocal		\$3.00

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¹ Refer to Section I-C of this handbook for standard copayment exemptions.

Code	Description	Limitations	Copayment ¹
92341 TOS J* TOS J** TOS J***	Fitting of spectacles, except for aphakia; bifocal		\$3.00
92342 TOS J* TOS J** TOS J***	Fitting of spectacles, except for aphakia; multifocal, other than bifocal		\$3.00
92352 TOS J* TOS J** TOS J***	Fitting of spectacle prosthesis for aphakia; monofocal		\$3.00
92353 TOS J* TOS J** TOS J***	Fitting of spectacle prosthesis for aphakia; multifocal		\$3.00
W8191 TOS J* TOS J** TOS J***	Minor repair		\$.50
W8525 TOS J* TOS J** TOS J***	Lens replacement, unifocal, dispensing fee		\$2.00
V2118 TOS J* TOS J** TOS J***	Aniseikonic lens, single vision (materials)	Prior authorization required, priced at prior authorization	\$1.00
V2799 TOS J* TOS J** TOS J***	Non-contracted materials	Prior authorization required, priced at prior authorization. A copy of the catalog page is required indicating materials dispensed and cost of item(s).	n/a

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Code	Description	Limitations	Copayment ¹
W8520 TOS J* TOS J** TOS J***	Frame replacement, dispensing fee		\$2.00
W8522 TOS J* TOS J** TOS J***	Temple replacement, dispensing fee		\$2.00
W8190 TOS J* TOS J** TOS J***	Dispensing of non-contracted materials and other miscellaneous services	Prior authorization required, priced at prior authorization	n/a
W8112 TOS J* TOS J** TOS J***	Fitting of spectacles, changed prescription, complete appliance, single vision	A change in the lens prescription of more than +/- .50 diopter in the spherical or cylinder power must be documented in the recipient's medical record. The WMAP only reimburses one of these procedures, per provider, per recipient, per 12-month period.	\$3.00
W8113 TOS J* TOS J** TOS J***	Fitting of spectacles, changed prescription, complete appliance, bifocal or multifocal		\$3.00
W8523 TOS J* TOS J** TOS J***	Lens replacement, changed prescription, single vision, dispensing fee		\$2.00
W8524 TOS J* TOS J** TOS J***	Lens replacement, changed prescription, bifocal or multifocal, dispensing fee		\$2.00
LOW VISION SERVICES			
92354 TOS J* TOS J** TOS J***	Fitting of spectacle mounted low vision aid; single element system (dispensing fee)	Prior authorization required	\$1.00

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Code	Description	Limitations	Copayment ¹
92355 TOS J* TOS J** TOS J***	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system (dispensing fee)	Prior authorization required	\$1.00
V2600 TOS J* TOS J** TOS J***	Hand held low vision aids and other non-spectacle mounted aids (materials)	Prior authorization required, priced at prior authorization	\$1.00
V2610 TOS J* TOS J** TOS J***	Single lens spectacle mounted low vision aids (materials)	Prior authorization required, priced at prior authorization	\$1.00
V2615 TOS J* TOS J** TOS J***	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens sytem (materials)	Prior authorization required, priced at prior authorization	\$1.00
REFRACTION SERVICES (for crossover claims only)			
92015 TOS 1* TOS J**	Determination of refractive state		n/a
VESTIBULAR FUNCTION TESTS			
92531 TOS B* TOS J**	Spontaneous nystagmus, including gaze	Not separately reimbursable in conjunction with comprehensive or low vision office visits	\$1.00
92532 TOS B* TOS J**	Postitional nystagmus	Not separately reimbursable in conjunction with comprehensive or low vision office visits	\$1.00
92533 TOS B* TOS J**	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)	Not separately reimbursable in conjunction with comprehensive or low vision office visits	\$1.00

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Code	Description	Limitations	Copayment ¹
92534 TOS B* TOS J**	Optokinetic nystagmus	Not separately reimbursable in conjunction with comprehensive or low vision office visits	\$1.00
EYEBALL			
65205 TOS 2* TOS J**	Removal of foreign body, external eye; conjunctival superficial	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
65210 TOS 2* TOS J**	Conunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
65220 TOS 2* TOS J**	Corneal, without slit lamp	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
65222 TOS 2* TOS J**	Corneal, with slit lamp	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
ANTERIOR SEGMENT CORNEA			
65430 TOS 2* TOS J**	Scraping of cornea; diagnostic, for smear and/or culture	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
65435 TOS 2* TOS J**	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
65436 TOS 2* TOS J**	With application of chelating agent (e.g., EDTA)	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
OCULAR ADNEXA-EYELIDS			
67820 TOS 2* TOS J**	Correction of trichiasis; epilation, by forceps only		\$3.00

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Code	Description	Limitations	Copayment ¹
67825 TOS 2* TOS J**	Epilation (e.g., by electrosurgery or cryotherapy)		\$3.00
67938 TOS 2* TOS J**	Removal of embedded foreign body, eyelid	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
OCULAR ADNEXA-LACRIMAL SYSTEM			
68800 TOS 2* TOS J**	Dilation of lacrimal punctum, with or without irrigation, unilateral or bilateral	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
68820 TOS 2* TOS J**	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
68840 TOS 2* TOS J**	Probing of lacrimal canaliculi, with or without irrigation	Only allowable for ophthalmologists and TPA-certified optometrists	\$3.00
OPHTHALMIC ULTRASOUND			
76511 76511-26 TOS 4* TOS Q* TOS J**	Ophthalmic ultrasound, echography diagnostic; A-scan only, with amplitude quantification	Not separately reimbursable in conjunction with comprehensive or low vision office visits	\$1.00
76512 76512-26 TOS 4* TOS Q* TOS J**	Contact B-scan (with or without simultaneous A-scan)	Not separately reimbursable in conjunction with comprehensive or low vision office visits	\$1.00
76516 76516-26 TOS 4* TOS Q* TOS J**	Ophthalmic biometry by ultrasound echography, A-scan	Not separately reimbursable in conjunction with comprehensive or low vision office visits	\$1.00

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Code	Description	Limitations	Copayment ¹
76519 76519-26 TOS 4* TOS Q* TOS J**	With intraocular lens power calculation	Not separately reimbursable in conjunction with comprehensive or low vision office visits	\$1.00
76529 76529-26 TOS 4* TOS Q* TOS J**	Ophthalmic ultrasonic foreign body localization	Not separately reimbursable in conjunction with comprehensive or low vision office visits	\$1.00
92499 TOS J* TOS J**	Unlisted ophthalmological service or procedure	Description required of the service(s) or procedure(s) provided.	n/a
MISCELLANEOUS SERVICES			
99000 TOS 1* TOS J**	Laboratory handling fee	Only allowable for ophthalmologists and TPA-certified optometrists	n/a

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